

Entered - 11/17/99 - sb
CL99L0749 - DIANNE C. MITCHELL

00- R -1927

CLAIM OF: JAMES D. EBERHART
1105 Oakland Drive, SW
Atlanta, Georgia 30310

For damages alleged to have been sustained as a result of personal injuries sustained during claimant's arrest on November 12, 1999 at 166 Martin Luther King, Jr. Drive.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by RDG/DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0749

Date: November 16, 2000

Claimant /Victim JAMES D. EBERHART

BY: (Atty) (Ins.Co.) _____

Address: 1105 Oakland Drive, SW, Atlanta, Georgia 30310

Subrogation: _____ Claim for Property damage \$ 101.00 Bodily Injury \$ not stated

Date of Notice: 11/16/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/12/99 Place: 166 Martin Luther King, Jr. Drive

Department Police Division: _____

Employee involved W. Pinckney, E. Johnson and A. Dorsey Disciplinary Action: No Action Taken

NATURE OF CLAIM: The claimant alleges that he was mistreated and his property was taken during his arrest by Atlanta Police. An investigation by the Office of Professional Standards found no wrongdoing on the part of the officers involved. Furthermore, pursuant to O.C.G.A. §36-33-3 the City is immune from liability for the tort actions of its police officers.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____


Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 11-16-00

Committee Action: _____ Council Action _____

Reeves
11/16/99 DM

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11-16-99

ENTERED - 11-17- 99 - SB
99L0749 -MIKE REEVES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 11-12-99
(month/day/year)
2. Police called: ✓
Yes No
3. Location of incident: 166 M.L.KING DR.
4. Name of your insurance company: _____ Policy No. _____
5. State what and how incident occurred: _____

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

James D. Eberhart
(claimant's name)

1105 OAKLAND DR. S.W.
(address)

ATL. GA. 30310
(city and state)

(work number) (home number)

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